

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Care Safety and Quality
Division of Health Facility Licensure and Certification
99 Chauncy Street, 2ndth Floor Boston, MA 02111

PUBLIC RECORDS REQUEST FORM

Name and contact information of requester:	Name and address where records should be sent:
Name: _____	Name: _____
Address: _____	Address: _____
City/Town: _____	City/Town: _____
Zip: _____	Zip: _____
E-Mail: _____	E-Mail: _____
Fax: _____	Fax: _____
Phone: _____	
Requested documents – Please be specific as to facility name, location and dates. A release form must be provided for documents that contain personal or medical information: _____ _____ _____ _____ _____ _____ _____	